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Attorney Docket No.: 5200.220-US

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Svendsen et al.

Confirmation No: 1715

Serial No.: 09/732,350

Group Art Unit: 1652

Filed: December 7, 2000

Examiner: Pak, Yong D

For: Laccase Mutants

## AMENDMENT FEE TRANSMITTAL

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for the above-identified application in response to the Office Action mailed September 8, 2005.

It is respectfully requested that the time for response to the Office Action be extended for a period of 3 months from December 8, 2005 to March 8, 2006. The required fee for the extension is estimated to be \$1,020.

No additional claims fee is required.

Please charge the required extension and claims fees, estimated to be \$1,020, to Novozymes North America, Inc., Deposit Account No. 50-1701. A duplicate of this sheet is enclosed.

Respectfully submitted,

Date: February 20, 2006

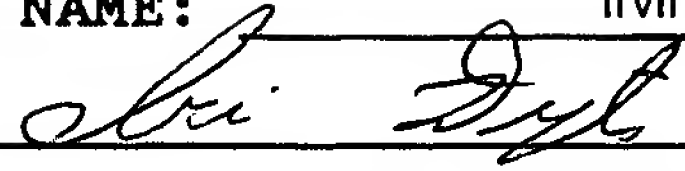
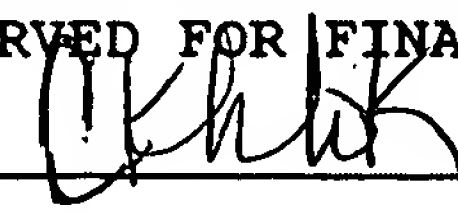
Adjustment date: 10/12/2006 CKHLOK  
02/23/2006 WABDELRI 00000031 501701 09732350  
01 FC:1253 1020.00 CR

Adjustment date: 10/12/2006 CKHLOK  
02/22/2006 EFLORES 00000028 501701 09732350  
01 FC:1255 2160.00 CR

Jason J. Garbell, Reg. No. 44,116  
Novozymes North America, Inc.  
500 Fifth Avenue, Suite 1600  
New York, NY 10110  
(212) 840-0097

02/23/2006 WABDELRI 00000031 501701 09732350  
01 FC:1253 1020.00 DA

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: 10/10/06		2 Serial/Patent # 09/732,350		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
X	Extension of Time 1253 & 1255		02/20/06	\$ 3,180.00
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
		7 TOTAL AMOUNT OF REFUND		\$ 3,180.00
		8 TO BE REFUNDED BY:		
10 REASON:				
X	Overpayment	X	Treasury Check	
	Duplicate Payment		Credit Deposit A/C #:	
	No Fee Due (Explanation):	9	5 0 -- 1 7 0 1	
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: Irvin Dingle		TITLE: Paralegal		
SIGNATURE: 		PHONE: 571-272-3210		
OFFICE: Office of Petitions				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: 		DATE: 10/12/06		

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*